

**ANNEX A
PROGRAM COMMITMENTS
INTENSIVE OUTPATIENT TREATMENT AND SUPPORT SERVICES (IOTSS)**

NAME OF AGENCY: _____

CONTRACT NUMBER: _____ **CONTRACT TERM:** _____ **TO** _____

BUDGET MATRIX CODE: _____ **BUDGET MODIFICATION NO:**
(0 = Original) _____

1. A. Number of Face-to-Face contacts clients will have with staff on-site. 1. A. _____
- B. Number of Face-to-Face contacts clients will have with staff off-site. B. _____
2. The following is a breakdown by MODALITY of the number of Face-to-Face clients contacts with staff (both on-site and off-site):
- TOTAL # OF STAFF FACE-TO-FACE
CONTACTS TO BE PROVIDED:**
- | | |
|--|----------|
| A. Individual Therapy | A. _____ |
| B. Group Therapy | B. _____ |
| C. Family Therapy | C. _____ |
| D. Medication Monitoring | D. _____ |
| E. Illness Management and Relapse Prevention Group Sessions | E. _____ |
| F. Intake/Clinical Assessment/Treatment Planning | F. _____ |
| G. Outreach | G. _____ |
| H. Program Case Management | H. _____ |
| I. All Other Contacts Not Classified Above:
Specify: _____ | I. _____ |
| J. Total Number of <u>Face-to-Face</u> Contacts (Sum of lines 2A through 2I) | J. _____ |
3. Total number of Face-to-Face contacts to be provided. (Sum of lines 1A and 1B; or 2J). 3. _____
4. The following is a breakdown by MODALITY of the number of Total Collateral contacts Provided on Behalf of the Client, both onsite and offsite (One contact is 15 minutes):
- | | |
|--|----------|
| A. Outreach | A. _____ |
| B. Program Case Management | B. _____ |
| C. All Other Contacts Not Classified Above:
Specify: _____ | C. _____ |
| D. Total Number of <u>Collateral</u> Contacts (Sum of lines 4A through 4C) | D. _____ |

- | | | | |
|-----|--|-----|-------|
| 5. | Total number of <u>Collateral</u> contacts staff will provide to or on behalf of the clients. | 5. | _____ |
| 6. | Total number clients admitted to the program within 24 hours. | 6. | _____ |
| 7. | Total number of Illness Management and Relapse Prevention Group Sessions to be Provided. | 7. | _____ |
| 8. | Total Number of Wellness and Recovery Action Plans (WRAPs) to be Developed. | 8. | _____ |
| 9. | Total Number of Physical Health Care Referrals and Direct Linkage to Ongoing Clinical Support Services to be Provided as Identified in the WRAP. | 9. | _____ |
| 10. | Total Number of FTE's funded. | 10. | _____ |

INTENSIVE OUTPATIENT TREATMENT AND SUPPORT SERVICES

A comprehensive program of community based ambulatory treatment alternative to hospitalization for adults who have serious and persistent mental illness and who are clinically assessed to be appropriate for such diversionary programs. Access is intended to provide an option for Designated Screening Programs and other acute care and hospital referral sources to assure that appropriate, intensive, community based, recovery oriented outpatient services that are readily available. These programs assume a multidisciplinary approach, flexible staff scheduling to provide interventional support (up to 3 hours per day and up to 4 times per week), a length of stay sufficient to link to appropriate after care services, and comprehensive case management consistent with both consumer need and principles of Wellness & Recovery.

CONTACTS:

Individual Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer.

Group Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer. Do not count excess Medicaid maximum group size.

Family Therapy: 1 contact is 30 continuous minutes of face-to-face with the consumer. Do not count each family member.

Medication Monitoring: 1 contact is 15 continuous minutes of face-to-face with the consumer.

Intake/Clinical Assessment/Treatment Planning: 1 contact is 30 continuous minutes of face-to-face contact with the consumer.

Outreach: 1 contact is 15 continuous minutes of face-to-face with the consumer.

Program Case Management: 1 contact is 15 continuous minutes includes referrals and linkages to ongoing clinical and support services as identified in the WRAP. It may also include appointment reminders. Program Case Management can be provided as face-to-face or as collateral contacts such as telephone contact provided on behalf of the consumer.

Illness Management and Relapse prevention group sessions: 1 contact is 30 continuous minutes of face-to-face contact with the consumer.

ADDITIONAL OUTCOME MEASURES:

Wellness & Recovery Action Plans (WRAPs): Indicate the number of plans that have been implemented.

Physical health care referrals and direct linkage to ongoing clinical and support services as identified in the WRAP: Indicate the total number of referrals and direct linkages made in accordance with the WRAP.

Psychiatric Advance Directives: Indicate how many consumers have been educated regarding Psychiatric Advance Directives, as well as, how many Psychiatric Advance Directives have been completed by consumers.

Full Time Equivalents (FTEs): Indicate how many total full-time equivalent staff are directly employed and hired as consultants by the provider. Please note that the total number only includes the staff categories included in the table on the QCMR which reflects the following categories: Psychiatrist, Advanced Practice Nurse (APN), Psychologist, Registered Nurse (RN), Masters Level Clinicians, Other (i.e. case managers).

Note:

For the therapies, please note that the face-to-face time can include up to 5 minutes per 30 minute session for the completion of progress notes, limited to a maximum of 10 minutes for a 90 minute session (3 QCMR units).